

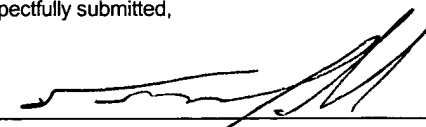
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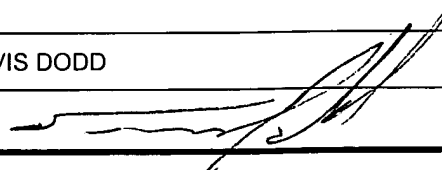
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/848,727	
	Filing Date	May 3, 2001	
	First Named Inventor	Gau	
	Group Art Unit	1639	
	Examiner Name	Lundgren, Jeffrey S.	
Total Number of Pages in This Submission		Attorney Docket Number	GF1100

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Authorized	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;">(Insert Customer No. or Attach bar code label here)</div>
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Respectfully submitted,	
Dated: <u>12/18/07</u>	By: 
Phone: (760) 731-3091 Fax: (760) 728-1541	Attorneys for Applicant(s)

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail			
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: <u>12/18/07</u>			
Typed or printed name	TRAVIS DODD		
Signature		Date	<u>12/18/07</u>



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Docket No. GF1100

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